

CHANGE REQUEST for FY 08-09 BUDGET REQUEST CYCLE

Department:	Colorado Department of Public Health and Environment
Priority Number:	8
Change Request Title:	Behavioral Risk Factor Surveillance Survey

SELECT ONE (click on box):

- ☒ Decision Item FY 08-09
☐ Base Reduction Item FY 08-09
☐ Supplemental Request FY 07-08
☐ Budget Request Amendment FY 08-09

SELECT ONE (click on box):

Supplemental or Budget Request Amendment Criterion:

- ☒ Not a Supplemental or Budget Request Amendment
☐ An emergency
☐ A technical error which has a substantial effect on the operation of the program
☐ New data resulting in substantial changes in funding needs
☐ Unforeseen contingency such as a significant workload change

Short Summary of Request:

This request is for \$237,346 in spending authority for personal services and operating costs and 5.0 FTE to expand the number of surveys completed by the Department using the Behavioral Risk Factor Surveillance Survey.

Background and Appropriation History:

This request will assist programs funded by the Department of Public Health and Environment through the tobacco tax (Amendment 35 funds) to make strategic funding decision in local communities across the state by providing relevant information for decision making. This will be achieved by expanding the Colorado Behavioral Risk Factor Surveillance System. The funding for this request will be from internal Department sources, utilizing Amendment 35 money.

During the 2005 Legislative Session the General Assembly passed HB 05-1262 to create the Tobacco Prevention and the Cancer, Cardiovascular and Pulmonary Disease Prevention Grants Programs pursuant to the provisions of the Amendment 35 to the State Constitution. Both programs were created to provide grant funding to Colorado communities in order to reduce the morbidity and mortality from preventable diseases

that are top killers of Coloradans – cardiovascular disease, cancer and chronic pulmonary disease. The science of prevention dictates that in order to decrease the occurrence of these diseases, the risk factors that lead to these diseases need to be decreased. The Behavioral Risk Factor Surveillance System (BRFSS) is designed to measure these risk factors. Legislation requires the Department to perform an evaluation of these programs through a grant. Information collected through BRFSS will provide the evaluation grantee with the data necessary to perform an evaluation and will ensure consistency of the evaluation.

Background of the system: The BRFSS is the largest on-going telephone survey in the world. It is a national program and the Colorado Department of Public Health & Environment has been a part of this system since 1990. The system is housed in the Health Statistics and Vital Records section at the CDPHE. Examples of the risk factors that can be measured by BRFSS are: changes in rates of mammogram and Pap smear tests, colorectal cancer tests, high blood pressure, high cholesterol, diabetes, obesity, physical inactivity, and asthma rates. The BRFSS can measure these risk factors on a state level; it can identify risk factors by age, income, education, and racial and ethnic groups.

This Decision Item request is necessary for several reasons: 1. To obtain information at regional and county level: Approval of this request will allow BRFSS to include more Coloradans (expand the survey sample size) into this voluntary survey and enable the Department to learn about risk factors by county and region of the state. This information is currently not available and will not become available without survey expansion. The additional information is needed to identify health disparities and to direct state dollars to groups at highest risk. Increasing the sample size will mean that 31 counties will be able to measure change after the first full year of the implementation of the expanded survey, and after two years, 41 counties will be able to measure change. This expansion will allow for identifying regions and special populations at highest risk, and make funding decisions accordingly.

2. To establish accountability for public expenditures for the programs funded with tobacco tax: Additional information is needed to establish progress in reducing risk factors among the communities that were funded by grants. The Department will be able to establish whether the funded proposals reached their goals in reducing risk factors, or whether adjustments need to be made to funding decisions in order to maximize the effectiveness of the dollars.

3. Additionally, progress will be measured and documented at the regional and county level. Since the BRFSS is a national program, it also allows for benchmarking against national goals and standard measures, and can assess Colorado's progress in comparison to the other states in the nation.

General Description of Request:

The request will allow for additional information to be collected to guide funding decisions for programs funded by the tobacco tax, to measure their effectiveness and to adjust and change future funding. The Department will collect the additional survey data, and will turn the information over to the evaluation grantee that has been selected, and that grantee will perform the actual evaluation work. In order to accomplish this, the department will survey more citizens of Colorado to obtain the information for a larger sample. The program will hire additional staff to perform survey work to improve and evaluate the activities funded by the tobacco tax. Expansion of the survey will be done to contact more individuals, and thus have more data for evaluation. The work that is currently performed will not provide sufficient information to evaluate the efforts of the programs funded by the state tobacco tax. The evaluation of these programs is required by statute, and BRFSS is uniquely qualified to provide surveillance activities, to collect the data for the evaluation process. Identification of high-risk populations, and targeted funding to reduce those risk factors can lead to cost avoidance in health care expenditures for the State of Colorado.

In order to establish whether reductions in risk factors and changes in behavior brought about by programs funded by HB 05-1262 are being realized, the Department needs to measure these risk factors in Colorado's population. The expansion of the BRFSS will allow for this measurement.

The Legislatively established review committees for the Cancer, Cardiovascular and Pulmonary Disease Program and the Tobacco program voted in support of the funding for BRFSS expansion.

Consequences if Not Funded:

No other statewide system exists to establish accountability for the CDPHE prevention programs funded through HB 05-1262. Additionally, not everyone in Colorado experiences the same level of risk for cancer, cardiovascular and pulmonary diseases. There are differences by gender, race and ethnicity, age, and geography (frontier, rural and urban), also known as health disparities. By expanding the BRFSS, the department will measure the differences experienced by various communities, thereby targeting state resources more efficiently toward those groups in greatest need. Without the expansion of this program, Colorado will not be able to measure its effectiveness in reducing health disparities, and overall disease reduction and will not be able to compare progress to that of other states.

Calculations for Request:

Administrative Assistant II, \$30,216 – annual salary,
\$3,067 PERA benefits,
\$40 STD
\$438 Medicare
\$5,278 HLD
\$8,823 benefits per person
\$39,039 per person
5.0 FTE = \$195,196
Furniture \$2,300 for an ergonomic desk, chair, filing cabinet, bookshelf
\$1,230 for a computer including software
\$3,530 per person x 5 = \$17,650
Server to house expanded data collection - \$5,000
Long distance charges - \$15,000 annually
Printing and mailing - \$2,000
Operating at \$500/person - \$2,500
Total Operating – \$42,150

Summary of Request FY 08-09	Total Funds	General Fund	Cash Funds	Cash Funds Exempt	Federal Funds	FTE
Total Request	237,346	\$0	\$0	237,346	\$0	5.0
<u>Personal Services</u>	195,196	\$0	\$0	195,196	\$0	0.0
<u>Operating</u>	42,150	\$0	\$0	42,150	\$0	0.0

Summary of Request FY 09-10	Total Funds	General Fund	Cash Funds	Cash Funds Exempt	Federal Funds	FTE
Total Request	214,696	\$0	\$0	214,696	\$0	5.0
<u>Personal Services</u>	195,196	\$0	\$0	195,196	\$0	0.0
<u>Operating</u>	19,500	\$0	\$0	19,500	\$0	0.0

Assumptions for Calculations:

1. All salaries are at the minimum for the class for FY 07-08
2. All benefit calculations are based on the Common policies
3. All operating costs are calculated based on the common policies and the specialized program costs for this program, such as additional telephone equipment, software, and server.
4. Currently, the Division has an average of 6.6 FTE to complete 6,000 surveys for the BRFSS. This is an average of 909 surveys per employee, per year. However, we anticipate economies, and higher productivity with this request. Currently, the Division is utilizing temporaries to complete some of the surveys. As they are in training, their survey completion is lower. In addition, the experienced staff in the Division assist them during their training process, thus making the productivity of those staff lower. The Division estimates that with 11.6 permanent staff, they will meet the 12,000 surveys per year, averaging 1,035 surveys per employee per year.
5. By increasing the number of BRFSS surveys to 12,000 per year, two things will happen: 1) It allows the 11 most populous counties to have a sample size big

enough for good analysis of risk groups within the county, and 2) it allows for the provision of regional level estimates for the rest of the state.

6. For one year of data with 12,000 completes statewide, 31 counties will have a sample size of at least 50 respondents per county. This is the cut off recommended by the CDC for producing stable estimates. After two years of data collection at the 12,000 sample size, 10 additional counties (41 total) will have at least 50 respondents by combining two years of data.

Impact on Other Government Agencies:

Not applicable.

Cost Benefit Analysis:

As an example of the information that could be produced regarding prevention programs' effectiveness and evidence of success associated with them, a study from California is cited below. While the collection of data using the BRFSS may differ from California's, having the surveillance data is important to determining where the tobacco tax money is best spent, and the effectiveness of those expenditures. California has a very large and comprehensive measurement system, which has allowed them to gather this information. Colorado needs to expand its measurement system in order to generate the same type of evidence.

California estimated that five percent improvement in the rates of physical activity and healthy weight over five years could save more than \$6 billion in health care costs, while a ten percent improvement could save nearly \$13 billion. In addition, a national study by the Centers for Disease Control and Prevention found that physically active people had, on average, lower annual direct medical costs than did inactive people. The same study estimated that increasing regular moderate physical activity among the more than 88 million inactive Americans over the age of 15 years might reduce the annual national direct medical costs by as much as \$76.6 billion in 2000 dollars.

The direct healthcare costs in the United States associated with the birth complications caused by pregnant women smoking or being exposed to secondhand smoke could be as high as \$2 billion per year or more. Research in California shows that its tobacco control

program reduced state healthcare costs by more than \$100 million in its first seven years by reducing the number of smoking-caused low-birth weight babies.

California's reductions to adult smoking in the first seven years of its tobacco control program produced healthcare costs savings of \$390 million just through the related declines in smoking-caused heart attacks and strokes, with more than \$25 million of those savings appearing in the first two years. For every single dollar California has been spending on its tobacco control program it has been reducing statewide healthcare costs by more than \$3.60 -- with reductions in other smoking-caused costs saving another six dollars or more. These savings estimates for California do not even reflect the fact that since 1988 the rates of lung and bronchus cancer in California have declined more than five times as fast as they have in a sample of other areas of the United States. This decline is not only saving thousands of lives but also saving the state millions of dollars in medical costs with projected future savings in the billions.

A comparison of costs of expanding the BRFSS survey demonstrates that expanding the infrastructure already in place at CDPHE for conducting the BRFSS is more cost effective than contracting this work to a private research firm. The cost per completed BRFSS interview by CDPHE is approximately \$41.50¹, compared to contractor estimates of \$60.00 per completed interview. Additionally, while the Department cannot put an exact monetary value on the benefit of reducing the burden of illness, disability and premature death to Colorado citizens, the research cited above demonstrates health care system cost savings estimated or experienced by other states. The expansion of BRFSS will assist the Department in maximizing these cost savings.

Implementation Schedule:

¹ These costs are calculated by the salaries of employees (\$39,039), added operating costs, such as long distance (\$3,900), divided by the estimated number of surveys completed. ($\$39,039 + \$3,900 = \$42,939 / 1,035 = \41.50)

Task (07-08 Supplemental)	Month/Year
Internal Research/Planning Period	March 2008
FTE Hired and trained	April 2008
Equipment purchased	April 2008
Interviews conducted	April 2008-June 2008

Task (08-09 Decision item)	Month/Year
Interviews conducted	July 2008 on-going

Statutory and Federal Authority: All citations are from the 2006 C.R.S.

25-20.5-305. Evaluation.

Commencing with the 2006-07 fiscal year, and each fiscal year thereafter, the state board shall select a grant recipient to evaluate the effectiveness of the program and the health disparities grant program established pursuant to part 22 of article 4 of this title. Costs for the evaluation shall be adequately funded from the amount annually appropriated by the general assembly to the division from the prevention, early detection, and treatment fund.

Source: L. 2005: Entire part added, p. 940, § 27, effective June 2.

Cross references: For the legislative declaration contained in the 2005 act enacting this section, see section 1 of chapter 241, Session Laws of Colorado 2005.

Performance Measures:

This Decision Item will allow the Department to expand the number of surveys completed using the Behavioral Risk Factor Surveillance Survey. The benchmark numbers indicated below include the additional FTE requested in the Decision Item.

Objective: Healthier Coloradoans through the life cycle.

STATE OF COLORADO FY 08-09 BUDGET REQUEST CYCLE: Colorado Department of Public Health and Environment

Performance Measure	Outcome	FY 05-06 Actual	FY 06-07 Actual	FY 07-08 Approp.	FY 08-09 Request
Measure health status, risk behaviors, and health outcomes for adults and children. Number of health surveys conducted. Numbers include the Colorado Child Health Survey and the Behavioral Risk Factor Surveillance Survey	Benchmark	CCHS 1,000 BRFSS 6,000	CCHS 3,000 BRFSS 12,000	CCHS 3,000 BRFSS 12,000	CCHS 3,000 BRFSS 12,000
	Actual	CCHS 1,000 BRFSS 6,000	CCHS 3,000 BRFSS 12,000		

Performance Measure: Measure health status, risk behaviors, and health outcomes for adults and children by doubling the number of health surveys.					
Workload Indicators (Health Statistics)		FY 05-06 Actual	FY 06-07 Actual	FY 07-08 Approp.	FY 08-09 Request
Number of health surveys completed. Numbers include the Colorado Child Health Survey and the Behavioral Risk Factor Surveillance Survey		CCHS 1,000 BRFSS 6,000	CCHS 3,000 BRFSS 12,000	CCHS 3,000 BRFSS 12,000	CCHS 3,000 BRFSS 12,000